

# TheHandi-Van Service

For persons with disabilities unable to ride TheBus

## APPLICATION PACKET CONTENTS:

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City and County of Honolulu  
Mufi Hannemann, Mayor

Department of Transportation Services  
2007



## **Mayor's Message**

TheHandi-Van is designed for persons with disabilities who are unable to use the regular bus system.

TheHandi-Van fleet provides curb-to-curb service. It is operated by a private company under policies established and funding provided by the Department of Transportation Services of the City and County of Honolulu.

Over the 20+ years of continuous operations, TheHandi-Van has been expanded and improved to provide service within the same areas, days and hours as the fixed route bus service, TheBus. It is my hope that the users will find the system both convenient and reliable for their basic transportation needs.

**MUFI HANNEMANN**  
Mayor of Honolulu

## TheHandi-Van Service Information

TheHandi-Van is a public transit service for persons with disabilities who are unable to use the City's bus service, TheBus. Its service area, days and hours are the same as TheBus.

TheHandi-Van fare is \$2.00 per one-way passenger trip.

Advance reservations are required. Passengers are picked up at the nearest and safest point next to the curbside of the public street address requested. They are dropped off at the nearest and safest point next to the curbside of the requested destination address.

***TheHandi-Van is not a taxi, and there will be other riders in the vehicle. Also, TheHandi-Van does not provide ambulance or emergency services.***

**If you require emergency services please call 911.**

### HOW DO I APPLY?

- (1) Remove and complete the application in this packet.
- (2) Have a health care professional of your choice fill in the verification page.
- (3) Mail the completed and verified application forms to the Department of Transportation Services at the address listed at the end of this section.

You will receive a letter informing you whether or not you qualify for TheHandi-Van. If you qualify you will also receive more information about TheHandi-Van service.

Please make sure your application is complete and that all questions are answered. Incomplete applications will be returned and will not be processed until completed.

Additional copies of this application can be picked up at all Satellite City Halls.

## **City Agency Contacts**

*For ADA Paratransit Eligibility Questions:*

*Dept. of Transportation Services  
650 South King Street, 3<sup>rd</sup> Floor  
Honolulu, Hawaii 96813  
Phone: (808) 768-8300  
Facsimile: (808) 527-6924*

*For Information on Satellite City Hall  
Locations and Hours:*

*Department of Customer Services  
City & County of Honolulu  
530 So. King St., 3<sup>rd</sup> floor  
Honolulu, Hawaii 96813  
Phone: (808) 523-4385  
Facsimile: (808) 523-4386*

# Application Form

## TheHandi-Van Paratransit Service (ADA Paratransit Eligibility)

Please print legibly or type. Answer ALL questions completely or your application will be returned. After completion, PULL OUT this section (PAGES 1 THROUGH 7) and send to:

ADA Paratransit Eligibility  
Department of Transportation Services  
650 South King Street, 3<sup>rd</sup> Floor  
Honolulu, Hawaii 96813  
Facsimile: (808) 527-6924

1. Residency (Check one):  
☐ RESIDENT of, or ☐ VISITOR to, the City & County of Honolulu.
2. Have you ever had a TheHandi-Van Card?  
☐ NO ☐ YES If YES, Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_
3. Last Name \_\_\_\_\_
4. First Name \_\_\_\_\_ & Middle Initial(s) \_\_\_\_\_
5. Title. Mark one title below:  
☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other: \_\_\_\_\_
6. Date of Birth \_\_\_\_\_

7. (A). Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- (B). Residence Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
8. Oahu Phone Number: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_
9. Emergency Contact:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_
10. Do you use a mobility aid?
- ☐ No, I do not use a mobility aid
  - ☐ Yes, I use a mobility aid (If YES, check all that apply)
    - ☐ Manual Wheelchair ☐ Walker
    - ☐ Powered Wheelchair ☐ Roller Walker (non-collapsible)
    - ☐ Powered Scooter ☐ Crutches
    - ☐ Cane ☐ Red and White Cane
    - ☐ Car seat ☐ Portable oxygen
    - ☐ Personal Care Attendant (PCA) - someone who must ride with me because I cannot travel on my own
    - ☐ Service Animal (trained to assist me in my daily life activities)
    - ☐ Other (describe) \_\_\_\_\_

11. Please complete the following sentences by checking all the statements that apply to you.

**(A)** ☐ **I can use TheBus if there is another person with me to assist with:**

- ☐ Getting on or off the bus
- ☐ Waiting 10 minutes at the bus stop
- ☐ Keeping balance on the bus
- ☐ Identifying the bus I need to board
- ☐ Getting off at the right place
- ☐ Walking 10 feet to a seat or getting to a wheelchair securement space
- ☐ Other (describe) \_\_\_\_\_

**OR**

☐ **I cannot use TheBus, even with another person to help me because \_\_\_\_\_.**

**(B)** ☐ **I can, but do not use TheBus with a wheelchair lift or ramp because:**

- ☐ TheBus with a wheelchair lift or ramp is not available in my area.
- ☐ TheBus cannot accommodate my mobility aid.
- ☐ The wheelchair lift cannot be deployed at my bus stop(s).  
List bus stop locations: \_\_\_\_\_
- ☐ Other (describe) \_\_\_\_\_

**(C) ☐ I can travel to and/or from a bus stop to use TheBus with a wheelchair lift or ramp if:**

- ☐ I have someone to assist me.
- ☐ I have to travel no more than \_\_\_\_ feet to get to or from the bus stop.
- ☐ I receive training on how to use TheBus.
- ☐ I travel during daylight hours.
- ☐ It's not an extremely hot, cold or humid day.
- ☐ I don't have to cross any streets.
- ☐ There are curb cuts.
- ☐ There is a sidewalk.
- ☐ The pavement is not wet and/or slippery.
- ☐ The ground is level or only slightly inclined.
- ☐ I do not have to find my way through crowded conditions by myself.
- ☐ Other \_\_\_\_\_

**OR**

☐ **I cannot travel to and/or from a bus stop to use TheBus with a wheelchair lift or ramp because \_\_\_\_\_**

\_\_\_\_\_.

12. Can you read informational street and transit signs?

☐ Yes    ☐ No    If NO, please explain why not \_\_\_\_\_

\_\_\_\_\_

13. If asked, can you state your name, address and telephone number?

☐ Yes    ☐ No    If NO, please explain why not \_\_\_\_\_

\_\_\_\_\_



14. Can you recognize places (landmarks) around your stop (destination) while traveling on TheBus?  
☐ Yes    ☐ No    If NO, please explain why not \_\_\_\_\_  
\_\_\_\_\_
15. Can you deal with unexpected situations or changes in your travel routine, for example, bus detours and/or temporary bus stop relocation?  
☐ Yes    ☐ No    If NO, please explain why not \_\_\_\_\_  
\_\_\_\_\_
16. Can you ask for, understand and follow directions?  
☐ Yes    ☐ No    If NO, please explain why not \_\_\_\_\_  
\_\_\_\_\_
17. Is the health condition or disability that prevents you from using TheBus expected to last for four (4) or more years?  
☐ Yes    ☐ No    ☐ I Don't Know  
If NO, how long is the health condition or disability expected to last?  
\_\_\_\_\_ Years    \_\_\_\_\_ Months
18. Does your ability to use TheBus system change from time to time? (For example: "After dialysis, because of nausea or fatigue, I cannot use TheBus.")  
☐ Yes    ☐ No  
If YES please describe how and/or when these changes occur: \_\_\_\_\_  
\_\_\_\_\_

19. Are there any other conditions that limit your ability to use TheBus?

☐ Yes ☐ No

If YES, please explain the conditions: \_\_\_\_\_

**I authorize the health care professional listed on the last page of this application to release information regarding my disability and its effect on my ability to get around on my own and use Oahu's fixed route transit system, TheBus.**

Name of Health Care Professional: \_\_\_\_\_

Office address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip Code \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

**I hereby certify that to the best of my knowledge the information given on the previous pages is correct and can be verified by a health care professional of my choice.**

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are **not** the applicant but have completed this application on the applicant's behalf, you must provide the following information:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip Code \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**I hereby certify that to the best of my knowledge the information given on the previous pages is correct and can be verified by the applicant's health care professional.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Certification of Eligibility

This form is to be completed by a Health Care Professional, such as a clinical social worker, occupational therapist, physiatrist, physical therapist, rehabilitation specialist, medical physician, registered nurse, psychologist or similar professional duly licensed to practice in the State of Hawaii. All questions on this form must be answered. An application without a Health Care Professional's complete verification will be returned.

**Note to Health Care Professionals Completing This Form:** Your certification should consider only the presence of a disabling condition(s) and its/their effect(s) upon the applicant's ability to use TheBus. A person does not qualify for ADA paratransit service if they find it difficult or uncomfortable to travel to or from bus stops. They must be unable to independently get to or from bus stops, ride TheBus, and/or find their way through TheBus system. Refer to pages i-iv for eligibility criteria.

**Application for** \_\_\_\_\_  
(Applicant's Name)

**(1) This Applicant is eligible to use TheHandi-Van under at least one of the following categories (check all that apply):**

- ☐ Unable to independently board, ride, and/or disembark from a lift- or ramp-equipped bus.
- ☐ Unable to ride TheBus because the bus route is not serviced by a lift- or ramp-equipped bus.
- ☐ Unable to ride TheBus because the Applicant's disability prevents them from traveling to or from TheBus stop.

*Please provide additional information as needed:*

\_\_\_\_\_

**(2) DIAGNOSIS OF DISABILITY:** \_\_\_\_\_

**(3) Expected Duration of the Applicant's Need for TheHandi-Van services:**

- ☐ Short Term Eligibility (less than 4 years): Conditions with potential for improvement or long periods of remission. Expected Duration until \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ Maximum Eligibility (4 years or more): Condition with no expectation of improvement (maximum of 4-year ADA paratransit eligibility card will be issued).

**I hereby certify that the above information is true. I understand that false verification may result in the disqualification of the applicant.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

License # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

## **TheHandi-Van Paratransit Service Eligibility Information**

The Americans with Disabilities Act of 1990 (ADA) requires fixed route bus systems to provide paratransit (curb-to-curb) service to eligible persons who, because of a disability, are unable to use the regular bus system.

### **General Eligibility Criteria**

Three categories of persons who are eligible for paratransit service are established by the ADA.

#### **Category 1**

Any person who is unable, because of a disability, to independently board, ride, and/or disembark from a lift- or ramp-equipped bus. This includes persons who are unable to find their way through TheBus system without the assistance of another person.

For example, the individual cannot:

- Board or disembark from an accessible bus without assistance (please note that one does not have to be a wheelchair user to use the accessible bus lift: Individuals may stand on the lift.);
- Maintain their balance while seated on a moving bus;
- Identify the correct bus or bus stop;
- Understand transfer directions needed to complete the trip.

#### **Category 2**

Any person with a disability who is able to use a lift- or ramp-equipped bus, but for whom any desired trip cannot be made because the bus route they want to ride is not, or cannot, be served by a lift- or ramp-equipped bus.

### **Category 3**

Any person with a disability which prevents them from traveling to or from a bus stop. For example, this category includes persons who cannot use TheBus under the following conditions:

- Extreme weather conditions interact with an impairment-related condition;
- Variations in the health/functional ability of the individual;
- Visual, cognitive or developmental disability prevents travel to or from a bus stop for exceptional trips.

A condition which makes traveling to or from a bus stop difficult, but does not prevent the travel, is not a basis for eligibility under this paragraph.

The presence of architectural barriers not under the control of the DTS (e.g., walls, fences and landscaping) and environmental barriers (e.g., distance, terrain, weather) do not alone form a basis for eligibility. However, the interaction of such barriers with an individual's impairment-related condition may form a basis for eligibility if the effect is to prevent the individual from traveling to or from the bus stop.

### **Conditional Eligibility**

Some persons with disabilities may be able to use the regular TheBus service under certain conditions, but not under others. Eligibility for paratransit for these persons will be determined on a trip-by-trip basis. Examples of conditional eligibility under the three eligibility categories are as follows:

**Conditional Category 1:** A person with a developmental disability or vision impairment may have received training that enables them to travel independently to/from a work site, but has not been trained to find their way through TheBus system to travel to other locations. This person will be eligible for paratransit only for trips other than work.

**Conditional Category 2:** A person who requires a lift or ramp to board TheBus and whose desired destination is served by accessible bus service is not eligible for paratransit service for that particular trip. However, if that person desires to travel to a destination that is not, or cannot, be served by accessible buses, they will be eligible for paratransit for that trip.

**Conditional Category 3:** A person who uses a wheelchair who can travel to the bus stop in good weather but is unable to maneuver with mud on the ground would be eligible for paratransit service only on days of severe weather conditions.

## **Temporary Eligibility**

A person with a temporary disability will be eligible for paratransit service if the disability results in their functional inability to use TheBus system as described in the three eligibility categories.

## **Personal Care Attendant**

A personal care attendant (PCA) is someone designated or employed specifically to help the eligible person meet their personal needs and without whom the eligible person would not be able to ride. A PCA accompanying an eligible person and performing this service may travel free. The PCA must be registered with the DTS.

## **Visitors**

Visitors who provide documentation of ADA paratransit eligibility from their community or who have a disability that prevents them from using TheBus system will automatically be eligible for TheHandi-Van service for a period not to exceed 21 days per 365-day period. If the visitor plans to use TheHandi-Van

services for a longer period, they must go through the eligibility process which has been established for residents.

### **Professional Verification**

It will be necessary for the DTS to obtain a verification of an applicant's disability from a health care professional (licensed physician, therapist, social worker, or nurse, or certified or registered specialist) designated by the applicant. The DTS will send the application to the designated health care professionals to provide this verification at no cost to the applicant. Your application is not considered complete until we received this verification back from your health care professional.

### **In-Person Assessment**

It may be necessary for some applicants to participate in an in-person assessment to determine eligibility for TheHandi-Van paratransit services. Notification will be given if this will be required. An in-person evaluation will be conducted at no cost to the applicant.

### **Right to Appeal**

Persons who are denied eligibility for TheHandi-Van paratransit services have the right to appeal the decision. A request for appeal must be filed in writing within 60 days of the receipt of the denial of the application.

### **DTS Address and Phone Number**

Mail application form and inquiries to:

DEPARTMENT OF TRANSPORTATION SERVICES  
650 South King Street, 3<sup>rd</sup> Floor  
Honolulu, HI 96813  
Phone Number: (808) 768-8300  
Fax Number: (808) 527-6924